



CITY OF LONG BEACH IMPREST CHECKING ACCOUNTS

SCHEDULE B

To be Completed at Each Change in Custodian and Annually as of August 31. Due October 15

Prepare a Separate Schedule B for each Imprest Checking Account

Department:

ASSIGNMENT OF THE ACCOUNT CUSTODIAN(S)

Contact
Name: Alternate: Phone No: Phone No: Email: @ longbeach.govEmail: @ longbeach.gov

CHECKING ACCOUNT INFORMATION

Account
Number: Account
Name: Bank
Name: Phone No: Street
Address: City: Zip Code: Account
Status:☐ Open and Active☐ Open and Inactive☐ ClosedIf Closed,
Date Closed:

LOCATION OF IMPREST CHECKS

Street
Address: Please Describe how the Checks
are Locked up or Secured:

YEAR-END IMPREST CHECKING ACCOUNT REQUIREMENTS AND QUESTIONNAIRE

Attach the following
to this Schedule:☐ August 31 Bank Statement☐ August 31 Bank Reconciliation (See page 2
of Schedule B)

FAMIS GL 102

Subsidiary Account:

August 31 FAMIS

Subsidiary Account Balance:

1 Please provide a detailed explanation and purpose of the account.

2 Please provide a detailed explanation as to why the City's Accounts Payable account can not be used?

3 Excluding replenishment by the City, what is the source and nature of the deposits for this account (if applicable)?

IMPREST CHECKING BANK RECONCILIATION

Department:

Account
Number:Reconciliation
For the Month Of:

Bank Statement Date:

Bank Statement Balance:

Add: Outstanding Deposits

Date	Amount	Date	Amount	Total:
1	-	6	-	
2	-	7	-	
3	-	8	-	
4	-	9	-	
5	-	10	-	

Deduct: Outstanding Checks

Number	Amount	Number	Amount	Number	Amount
1	-	11	-	21	-
2	-	12	-	22	-
3	-	13	-	23	-
4	-	14	-	24	-
5	-	15	-	25	-
6	-	16	-	26	-
7	-	17	-	27	-
8	-	18	-	28	-
9	-	19	-	29	-
10	-	20	-	30	-
				Total:	-

Adjusted Bank Statement Balance:

FAMIS Balance:

Add: Unrecorded Bank Activity (i.e., interest earned, etc.):

Deduct: Unrecorded Bank Activity (i.e., bank service charges, etc.):

Adjusted Balance:

Amount of Variance (Provide Explanation):

Prepared By:

Phone No:

Department Approved By:

Date: